

Foster Family Home - Corrective Action Report

Provider ID: 1-160068

Home Name: Rubylyn Fiesta, CNA

Review ID: 1-160068-7

94-1094 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/21/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 3/21/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- APS/CAN/Fingerprint lapsed for CG#1 on 3/9/19 and renewed on 4/8/19. HHM#1 no results of APS/CAN/Fingerprint seen in home binder.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7)- CG#1 Tuberculosis Clearance expired on 7/3/19. No renewal seen in home binder. HHM#1 is without a TB clearance seen in home binder.

41.(b)(8)- CG#1 First Aid expired on 7/8/19. No renewal seen in home binder. CG#2 Bloodborne pathogen/infection control training expired on 1/12/2020. No renewal seen in home binder.

41.(g)- No Basic Skills Checks done for CG#1 and CG#2 on Client #1.

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Foster Family Home

Client Care and Services

[11-800-43]

- 43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)-No RN delegations for CG#2 on Oxygen Administration, Oral/PRN/Topical Medications and Wound Care on Client #1. For Client #2- no RN delegations done for CG#2 on Oral/PRN Medications. For Client #3- no RN delegations done for CG#2 on Wound Care, Oral/Topical Medications and Basic Skills Checks.

Foster Family Home

Fire Safety

[11-800-46]

- 46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No Monthly Fire Drill conducted for the past 12 months. Last completed form in binder was dated 2/20/19.

Foster Family Home

Medication and Nutrition

[11-800-47]

- 47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medication side effects seen in Client#1's chart/binder.

Foster Family Home

Physical Environment

[11-800-49]

- 49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;
- 49.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.
- 49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(1)- Clients' shower/bathroom was without a non-slip mat/rug.
49.(a)(6)- Emergency exits doors were obstructed with big bulky items- garage door had tables, chairs, and dining area sliding door was obstructed with a big exercise machine and a plastic bin.
49.(c)(3)- Client #1's room, hallways, and clients' bathrooms were with foul smelling urine throughout clients' section of home.

Foster Family Home

Quality Assurance

[11-800-50]

- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- No signature noted for CG#2 on the Emergency Preparedness Plan.

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Foster Family Home

Client Rights

[11-800-53]

- 53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

- 53.(a)- CCFFH Admission Policy and Agreement - none seen in home's binder for Client #1.

Foster Family Home

Records

[11-800-54]

- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 54.(c)(1) Client's vital information;
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(5) Medication schedule checklist;

Comment:

- 54.(b)(1)- CG#1's home binder, Client#1, Client#2, and Client#3's charts were disorganized, missing/incomplete documents such as vital signs flowsheets, daily care flowsheets, progress notes, Medication Administration Records, etc.
- 54.(c)(1)- Client #1's Face/Information sheet is without an emergency contact and insurance information. For Client #2- no Face/Information Sheet in client's binder.
- 54.(c)(2)- Client #1 and Client #2 - there was no Service Plan seen in each client's binder.
- 54.(c)(5)- For Client #1- no Medication Administration Record initiated since admission (12/27/19) of client to home. For Client #2- Medication Administration Record forms were incomplete- no signatures of CG#1 or CG#2 since admission date of 9/15/17. For Client #3- no Medication Administration Record completed since client's admission date of 3/2019 till 2/21/2020.

Maikel Nakamura, RN
Compliance Manager

2/21/2020
Date

Ryan L. Lutz
Primary Care Giver

2/21/20
Date

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Rubylyn P. Fiesta

(PLEASE PRINT)

CCFFH Address: 94-1094 Kuhaulua Street, Waipahu, Hawaii 96797

(PLEASE PRINT)

| Rule Number | Corrective Action Taken -- How was each issue fixed for each violation? | Date each violation was fixed | Prevention Strategy -- How will you prevent each violation from happening again in the future? |
|-------------|---|-------------------------------|---|
| 8.a.1.2 | Lapsed cannot be corrected for CG#1. Obtained a Current APS/CAN/Fingerprint. HHM#1 An exemption also was obtained; result were filed in CCFFH binder. | 2/21/20 12/18/20 | CG#1 will utilize Spreadsheet program to schedule due dates 2-3 months in advance to prevent future lapses. |
| 41.b.7 | Obtained Tb clearances for CG#1 and HHM#1. Filed in CCFFH binder. | 2/27/20 | Home will utilize spreadsheet on laptop to identify when is requirements are due to prevent them from expiring. |
| 41.b.8 | CG#1 renewed First aid. CG#2 obtained a copy of BBP. Filed in CCFFH binder. | 2/28/20 | Home will use spreadsheet program to schedule due dates to prevent future lapses. |
| 41.g | CG#1 and CG#2 perform basic skills check and filed on client #1 chart. | 2/28/20 | CG#1 will contact CMA RN to perform RN delegations within 3 days of caregiver being added to home. |
| 43.c.3 | CMA RN delegated CG#2 for client #1,2,and 3. Signed delegation forms was filed in clients charts. | 2/28/20 | In the future CG#1 will notify CMA RN to perform MAR delegations within 3 days of caregiver added to home. |
| 46.a | Lapses cannot be corrected. CG#1 conducted monthly fire drill on 2/25/20. CG#2 scheduled for 3/28/20. | 2/25/20 | Fire drills will be done by each caregiver at least once a year. Home developed a schedule and it has been posted on the front of refrigerator. |

☒ All items that were fixed are attached to this CAPPCG's Signature: Rubylyn P. FiestaDate: 1/22/2021☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Rubylyn P. Fiesta

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CCFFH Address: 94-1094 Kuhaulua Street, Waipahu, Hawaii 96797

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|--------------|---|-------------------------------|---|
| 47.c | Obtain a list of side effects from the pharmacy filed in the client #1 chart. | 2/22/20 | CG#1 will obtain the medications side effects from pharmacy, books, etc. |
| 49.a. 1.6 | Purchased a client non-slip mat and placed it right away. Cleared ask emergency exit doors and made sure that is not obstructed with bulky items. | 2/21/20 | Purchased 2 extra non slip mat to have a replacement right away if in the future the old one wore off. Also, CG#1 will instruct all caregivers & household members to keep emergency exit doors clean at all times. |
| 49.c.3 | Cleaned and disinfected the whole house to get rid of the urine smell. | 2/22/20 | All caregivers and household members will adhere cleanliness. |
| 50.a | Caregiver #2 was trained in the emergency preparedness plan. Signed form and filed in CCFFH binder. | 2/28/20 | Caregiver #1 will train all caregivers within 10 days of adding them to home. |
| 51.a | Renewed a general liability insurance. Filed to the CCFFH binder. | 3/01/20 | Home will utilize spreadsheet on laptop to identify when is requirements are due to prevent them from expiring. |
| 53.a | Obtained CCFFH admission Policy and Agreement filed in home binder for client #1. | 2/22/20 | Caregiver #1 will need to obtain a Admission policy and agreement on the day of admission of client. |
| 54.b | Caregiver #1 Obtained copy of missing documents from CMA. Filed in clients binder. | 2/28/20 | CG#1 will organize documents daily. Will check if vitals and flowsheets are on clients binder. |

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CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
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Chapter 11-800

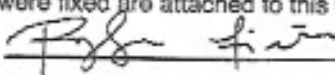
PCG's Name on CCFFH Certificate: Rubylyn P. Fiesta

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| Rule Number | Corrective Action Taken – How was each issue fixed for each violation? | Date each violation was fixed | Prevention Strategy – How will you prevent each violation from happening again in the future? |
|-------------|---|-------------------------------|---|
| 54.c.1.2.5 | Corrected service plan by CMA RN and obtained a face sheet for client #1 & #2 from CMA. | 2/28/20 2/28/20 | Caregiver #1 will look and double check expiration of clients service plans. Need to Obtain face sheet on the day of admission of client(s) |
| 54.c.5 | Medication Discrepancy was corrected by clients CMA, MD, and CG#1 on clients medication Administration. | 3/02/20 | Caregiver #1 will look the medication administration records and bottles to ensure they both match every time before giving medication. Home will notify CMA as soon as possible. |

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